



*Amndt A / #11*  
*8.28.02*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

AUG 26 2002

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Attorney Docket No.: DEX-0207  
Inventors: Macina et al.  
Serial No.: 09/867,034  
Filing Date: May 29, 2001  
Examiner: Davis, Natalie A.  
Group Art Unit: 1642  
Title: Method of Diagnosing, Monitoring,  
Staging, Imaging and Treating Colon  
Cancer

"Express Mail" Label No. EV157158043US  
Date of Deposit - August 21, 2002

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Trademark Office, P.O. Box 2327, Arlington, VA 22202

By

*Kathleen A. Tyrrell*  
Typed Name: Kathleen A. Tyrrell

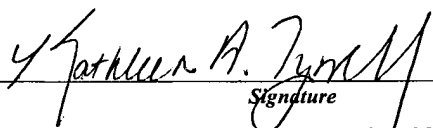
U.S. Patent and Trademark Office  
Box Non-Fee Amendment, P.O. Box 2327  
Arlington, VA 22202

Dear Sir:

Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed May 21, 2002  
setting a three (3) month statutory period for response. Please  
enter the following remarks and amendments into the record.

8-22-02 1642

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>DEX-0207</b>		
Applicant(s): <b>Macina et al.</b>					
Serial No. <b>09/867,034</b>	Filing Date <b>May 29, 2001</b>	Examiner <b>Natalie A. Davis</b>	Group Art Unit <b>1642</b>		
Invention: <b>METHOD OF DIAGNOSING, MONITORING, STAGING, IMAGING AND TREATING COLON CANCER</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="float: right; text-align: center;"> <b>RECEIVED</b>  <b>AUG 26 2002</b>  <b>TECH CENTER 1600/2900</b> </div> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b>  A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div>					
 _____ <i>Signature</i> <b>Kathleen A. Tyrrell, Registration No. 38,350</b>			Dated: <b>August 21, 2002</b>		
<b>Licata &amp; Tyrrell P.C.</b> <b>66 East Main Street</b> <b>Marlton, N.J. 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ <i>Signature of Person Mailing Correspondence</i>  _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		
CC:					

DEX-0207



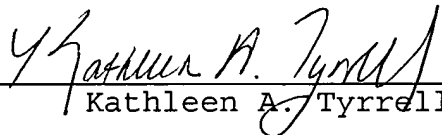
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- 1) Amendment Transmittal Letter (in duplicate);
- 2) Amendment in Response to the Office Action;
- 3) Return Postcard.

  
Kathleen A. Tyrrell